

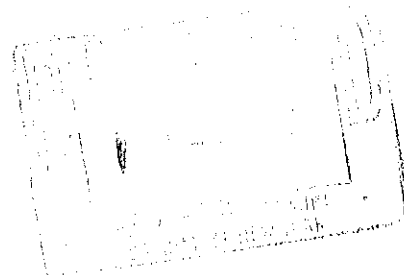
Ted Strickland
Governor



Helen E. Jones-Kelley
Director

P.O. Box 182404 Columbus, Ohio 43218-2404
jfs.ohio.gov

March 28, 2007



Bankruptcy Clerk
United States Bankruptcy Court
Southern District Of New York
One Bowling Green, 6th Floor
New York, NY 10004-1408

RE: CASE #05-44639
ODJFS #1405050-00-6
DELPHI AUTOMOTIVE SYSTEMS
HUMAN RESOURCES, LLC

Dear Clerk:

On April 11, 2006, this Bureau forwarded you an Administrative Proof of Claim for \$478.90 to have been filed in the above referenced case.

We wish to advise at this time that this claim was filed on Case #05-44639 in error, and it is therefore requested that this claim of the Ohio Department of Job and Family Services (formerly the Bureau of Employment Services) be withdrawn from the proceedings.

Sincerely,

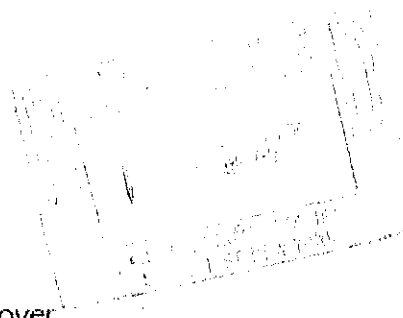
Janet Wise, Supervisor
Litigation Unit

Marlene Delp

By: Marlene Delp, Examiner
(614) 466-2319 x22005

enclosures

JDW/mmd



COPY

United States Bankruptcy Court

Administrative
Proof of Claim

SOUTHERN DISTRICT OF NEW YORK

In re: (Name of Debtor)

DELPHI AUTOMOTIVE SYSTEMS

HUMAN RESOURCES, LLC

DIP

Case Number

05-44639

Name of Creditor

(The person or entity to whom the debtor owes the money)

Ohio Department of Job and Family Services

Name and addresses where notices should be sent

The Ohio Department of Job and Family Services
PO Box 182404
Columbus, OH 43218-2404

Telephone (614) 466-2781

☐ Check box if you are aware
anyone else has filed a proof of
claim relating to your claim.
Attach copy of statement giving
particulars☐ Check box if you never received
any notices from the bankruptcy
court in this case☐ Check box if the address differs
from the address on the envelope
sent to you by the court

Account or other number identifying debtor

1405050-00-6

☐ Replaces
Check here if this claim: ☐ Amends a previously filed claim dated:

1. BASIS FOR CLAIM

Goods Sold
Services performed
Money loaned
Personal Injury/wrongful death
☒ Taxes
Other (Describe briefly)Retiree Benefits as defined in 11 U.S.C. 1114(a)
Wages, Salaries and compensation (Fill out below)
your Social Security Number _____
Unpaid compensation for services performed
from _____ to _____

2. Date Debt was incurred

See Attached

3. If Court Judgment, Date Obtained

4. Classification of claim. Under the Bankruptcy Code, all claims are classified as one or more of the following: (1) Unsecured non-priority

(2) Unsecured priority, (3) Secured; It is possible for part of a claim to be in one category and part in another.

check the appropriate box or boxes that best describes your claim and state the amount of your claim

☐ SECURED CLAIM \$

Attach evidence of perfection of security interest

Brief description of collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe Briefly)Amount of arrearage and other charges included in secured claim above
If any \$☒ UNSECURED NONPRIORITY CLAIM \$A claim is unsecured if there is no collateral or lien on property of the
debtor securing a claim or to the extent that the value of such
property is less than the amount of the claim☒ UNSECURED PRIORITY CLAIM \$ 478.90

Specify the priority of the claim

☐ Wages, salaries or commissions (up to 20,000.00) earned more than 90
days before filing of the bankruptcy petition or cessation of the debtor's business,
whichever is earlier -- 11 U.S.C. 507(a)(3).☐ Contributions to an employee benefit plan -- 11 U.S.C. 507(a)(4)☐ Up to \$900.00 of deposits toward purchase, lease, or rental of property or
services for personal, family or household use -- 11 U.S.C. 507(a)(6)☒ Taxes or penalties of government units -- 11 U.S.C. 507(a)(8)☐ Other -- 11 U.S.C. 507(a)(5) -- (Describe briefly)

5. TOTAL AMOUNT OF

CLAIM AT TIME

CASE WAS FILED

\$ -
(NON-PRIORITY)\$ -
(SECURED)\$ 478.90
(PRIORITY)\$ 478.90
(GRAND TOTAL)

Check this box if claim includes pre-petition charges in addition to the principal amount of the claim. Attach itemized statement of additional charges

6 CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for
the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts claimant
owes to the debtor.7 SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes,
purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of
security interest. If the documents are not available, explain. If documents are voluminous, attach summary.8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim. Enclose a stamped
self-addressed envelope and copy of your proof of claim.

Date:

Sign and print the name and title, if any, of the creditor or other person
Authorized to file this claim (attach power of attorney, if any)

April 11, 2006

/s/ JANET D. WISE

Janet D. Wise, Supervisor

THIS SPACE FOR COURT
USE ONLY

Administrative POC

BAR DATE

Not Set

INTEREST DETAIL --- LITIGATION SECTION

TYPE
CHPT 11

CASE #
05-44639

ACCOUNT
1405050-00-6

NAME DELPHI AUTOMOTIVE SYSTEMS
HUMAN RESOURCES, LLC
DEBTOR-IN-POSSESSION
5725 DELPHI DRIVE
TROY, MI 48098

FILE DATE

10/8/2005

SOUTHERN DISTRICT OF NEW YORK

QTR/YR	DEBIT DATE	CONTRIBUTIONS DUE	FORFEITURE	FORFEITURE INTEREST	CONTRIBUTION INTEREST	TOTAL
4/05	02/10/2006	\$ 462.52			\$ 16.38	\$ 478.90
TOTALS		\$ 462.52	\$ -	\$ -	\$ 16.38	\$ 478.90

PRIORITY \$ 478.90
NON-PRIORITY \$ -

Prepared by L.J.
04/11/06